

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 12, 2003

ALL COUNTY INFORMATION NOTICE I-17-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: RELATIVE APPROVAL MONITORING PROCESS

This All County Information Notice provides information regarding the Relative Approval Monitoring Process of Counties by the Children's Services Operations Bureau (CSOB).

CSOB Oversight Responsibilities

Effective October 2002, and as part of a recent settlement agreement with the Youth Law Center, the California Department of Social Services (CDSS) began monitoring county compliance with the relative approval process for relative and non-relative extended family members as required by AB1695 (Committee on Human Services, Chapter 653, Statutes of 2001). The specific requirements for county compliance are contained in Article 3 of Title 22, Division 6, Chapter 9.5 of the California Code of Regulations, Manual of Policies and Procedures Sections 420 and 445, and All County Letter (ACL) 02-78, dated October 24, 2002, and ACL 02-97, dated December 27, 2002.

The ongoing monitoring process was also outlined in a February 10, 2003, response to the U.S. Department of Health and Human Services, Region IX, as instrumental in allowing the CDSS to monitor county effectiveness in meeting the Title IV-E relative placement safety requirements. The description included a fiscal adjustment process for cases found to not meet the Title IV-E requirements.

Beginning January 1, 2003, the CDSS will conduct ongoing reviews of randomly selected, statistically valid samples of approved relative and non-relative extended family member placements using the Child Welfare Services Case Management System (CWS/CMS). These cases will be reviewed to verify county compliance with applicable laws and regulations, identify problems and assess the need for corrective action. In addition, this information will be used to identify the need for additional technical assistance or training.

Sample Methodology

A statistically valid random sample of cases will be drawn from the CWS/CMS for each county. The sample will contain all children in relative placements. The sample will meet the following additional criteria:

- Child Welfare Services and Probation relative placement episodes in open status during the review month;
- in open status 31 days or more by the last day of the review month;
- if closed during the review month, in open status 31 days or more before being closed.

For more specific information regarding the sample methodology and the oversample, please contact the Children's Services Operations Bureau at (916) 323-1672.

Review Schedule

All 58 counties will be reviewed annually. Counties were distributed over the 2003 calendar year and adjusted in order to maintain a relatively even distribution of cases during each month.

County Contacts

Counties are requested to identify a Contact Person for the Relative Assessment Review using Attachment A (enclosed). The County Contact Person will be used as the point of contact for CSOB staff and will receive all information sent from CSOB.

State Contacts

Each county will be assigned a CSOB County Consultant. The County Consultant serves as the point of contact for county staff.

Relative Monitoring Process

It is the intent of the CDSS to promote the use of the CWS/CMS as both the data repository and the review tool for performing the relative approval monitoring process. By drawing the sample and performing the review online, the CDSS will be reinforcing that relative placement case information must ultimately reside on CWS/CMS. Additionally, by requiring the counties to address corrective actions through the addition and identification of data online, including the ability to seek relief from fiscal sanctions by using CWS/CMS based evidence, it will expedite achieving compliance.

Beginning November 2002, counties were required to complete and attach the following three forms to the CWS/CMS case record to be in compliance:

1. SOC 815-Approval of Family Caregiver Home, Attachment B,1 (enclosed).
2. SOC 817-Checklist of Health and Safety Standards for Approval of Family Caregiver Home, Attachment B,2 (enclosed.)
3. SOC 818-Relative or Non-Relative Extended Family Member Caregiver Assessment, pursuant to ACL 02-97, Attachment B, 3 (enclosed).

It is expected that all of the forms will be completed and placed in CWS/CMS for all initial assessments/approvals and for all annual reassessment/approvals.

The CSOB will be conducting reviews using the CWS/CMS to determine county compliance with the relative assessment and approval requirements. Additionally, the CSOB will review these documents for completeness and will use the SOC 815-Approval of Family Caregiver Home as the primary document to verify compliance with assessment/approval requirements.

For probation cases, the CSOB will require actual hardcopy documentation to verify compliance with relative assessment/approval requirements including the completion of the CSOB Review Instrument, Attachment C, (enclosed).

The CDSS may conduct site visits of approved homes as appropriate to ensure that the home has met and continues to meet approval standards. The CDSS may also conduct visits to review county files as appropriate.

Location of Forms

Consistent with ACL 02-78 counties should place all Caregiver Assessment and Approval Tools (SOC 815, 817, and 818) in the Document Case Notebook in the Case Management Section of CWS/CMS.

The Review Process

The Relative Assessment cases reviewed by the CSOB will be randomly selected and can include cases from both the County Child Welfare Service Agency and the County Probation Department. The review process for these two organizations will be as follows:

- **CWS/CMS Online Case Information**

The CSOB Staff, using CWS/CMS, will review the SOC 815, 817, and 818 forms online for completeness and will complete the CSOB Review Instrument. Unless otherwise noted, CSOB staff will only review the SOC 815, 817, and 818 forms when reviewing the case information.

- **County Probation Case Information**

Since County Probation Departments do not have access to the CWS/CMS, the County Probation Departments are required to complete a paper copy of the SOC 815, 817, and 818 forms. The County Probation Departments will provide a copy of the completed SOC forms along with a completed copy of the County Relative Review Instrument, Attachment D, (enclosed) to the CSOB. If the home was assessed/approved prior to November 2002, the Probation Department will provide a copy of the approval documents used by the county at the time of the assessment/approval and a copy of the County Relative Review Instrument to the CSOB. The County Contact Person and the CSOB County Consultant, will coordinate how this information will be received (fax, mail, etc...).

Rebuttal Log

Upon completion of the online review, the CSOB Contact Person will provide the county Contact Person with a list of cases that were not reflected on CWS/CMS as meeting relative assessment/approval compliance requirements. The Rebuttal Log, Attachment E, (enclosed) will contain only those cases that were found to be out of compliance and will include the assigned Relative Assessment Case Number and the relevant subject areas in which the case was found to be out of compliance.

Rebuttal Process

The county will be given 10 business days from the date the Rebuttal Log is e-mailed or faxed to the county to provide the CSOB with rebuttal documentation explaining or clarifying how each case meets assessment/approval compliance requirements.

NOTE- All rebuttal documentation must be original to the month subject to review or before. Documentation originated after the month subject to review will not be considered as having met the approval requirements for that month.

The CSOB will review the rebuttal documentation, document the acceptance or rejection of county rebuttal information, advise the county as to its acceptability, and modify the final results of the review as appropriate. If a case is found to be missing one or more of the required forms, the case will be identified as non-compliant. However, if the county has a reason for one or more of the forms not being completed, the county may submit that rationale to the CSOB during the rebuttal process. A determination of compliance/noncompliance will be made on a case by case basis from the information submitted. **If the county does not provide the rebuttal documentation within the required 10 business day time frame, the CSOB will identify the case as being out of compliance.** If the county has any questions regarding the case or CSOB's findings, the county is to contact the CSOB's County Consultant.

County's Responsibilities in Rebutting Case Information not Placed on CWS/CMS

If a CWS/CMS case does not have one or more assessment/approval documents attached to the CWS/CMS case record as required by ACL 02-78, the CSOB will identify the case as not meeting compliance requirements. The county may rebut this finding only if the CWS/CMS case record is in error, and the case, in fact, met all compliance requirements on or before the last day of the month of review. As part of the rebuttal process, the county has 10 business days to do one of the following:

1. **For cases assessed/approved or reassessed on or after November 1, 2002.**
The county must attach the required assessment/approval forms to the online CWS/CMS case record and inform CSOB of this action.
2. **For cases assessed/approved or reassessed before November 1, 2002.**
The county can either:
 - A) Provide the CSOB with a copy of the forms completed by the county at the time of the assessment/approval or reassessment/approval, including all supporting documentation to

verify that the case complied with relative assessment/approval requirements, and a completed County Relative Review Instrument, Attachment D, (enclosed), or;

B) Attach a copy of the forms used by the county at the time of the assessment/approval or reassessment/approval to CWS/CMS, provide CSOB with a completed County Relative Review Instrument, Attachment D, (enclosed), and include any supporting documentation to verify that the case complied with relative assessment/approval requirements.

In/Out of Compliance

The purpose of this review is to measure the county compliance level of the Relative Assessment requirements for relative and non-relative extended family member homes.

The review will examine five subject areas:

- 1) Criminal Record and Background Check,
- 2) Caregiver Qualifications,
- 3) Safety of the Home and Grounds,
- 4) Child's Personal Rights, and
- 5) Caregiver's Training/Orientation.

For purposes of this review, cases that did not have complete information for any one of the required categories by the last day of the month subject to review, will be considered out of compliance.

This review will measure two types of compliance:

1) Individual Case Compliance

Individual Case compliance will determine if a county is entitled to receive Title IV-E funding for the individual case. If a case is found to be out of compliance, the county will have 30 days from the date of the Compliance Review Report to bring the case into compliance.

2) Systemic Policy Compliance

Systemic Policy compliance will measure the counties' compliance level in each of the five subject areas.

Subject areas which do not meet the required compliance level of 90 percent or above will be considered to be out of compliance and will require a Corrective Action Plan (CAP) from the county.

Compliance Review Report

The CSOB County Consultant will prepare and forward to the county a written Compliance Review Report within 30 calendar days from the conclusion of the rebuttal process. The CSOB will also provide the county with a final list of the cases that were determined to be out of compliance and requiring corrective action. This list will be included as part of the Compliance Review Report. Additionally, the Compliance Review Report will include a section that identifies the number of relative homes which were approved with and without alternative plans, corrective actions, and/or exemptions.

A copy of the Compliance Review Report will also be provided to the CDSS Fiscal Policy Bureau for their review.

Corrective Action Plan

Subject areas that do not meet the required compliance level of 90 percent will require a CAP. The CAP should identify for each area found out of compliance:

- 1) Statement(s) of the problem(s);
- 2) Cause(s) of the problem(s);
- 3) Plan objective for correcting the problem(s);
- 4) Implementation and time frames for implementing the corrective actions, including a projection of when compliance will be achieved; and
- 5) An evaluation component to measure progress. The CAP will be due 30 days from the date of the final report.

The CSOB will monitor the effectiveness of the CAP by reviewing an additional sub-sample of cases at 30 and again at 60 calendar days from the date the CAP has been approved to determine if corrective action efforts have corrected the systemic problem(s).

If the 60 calendar day review identifies that the systemic problems have been corrected, no further review by CSOB will be necessary. If the 60 calendar day review identifies continued problems, the county will be given the option of conducting their own review, (using a statistically valid sample) and implementing any corrective actions or accepting the online review findings until the next online review is completed

Technical assistance will be available to counties as needed. Technical assistance may include training, information sharing, best practices guidance, policy interpretation, and other forms of assistance.

Fiscal Sanctions

As the end result of the review finding and county rebuttal process described, any case that is found to be out of compliance in meeting the requirements for a Title IV-E eligible placement will be ineligible for federal financial participation for all placement months affected by the period of ineligibility. Upon notification of the final review results, the CDSS Fiscal Policy Bureau will notify each county of the requirement to ensure that all assistance claims have been appropriately adjusted and to remove any costs ineligible for federal financial participation as a result of the review. Failure to ensure that adjustments are made may be remedied by a State initiated assistance claim disallowance. The process used for this notification and claim adjustment process will be set forth in a County Fiscal Letter.

Further, if as a result of the second annual review a County is found to be out of compliance as measured against the 90 percent compliance threshold as previously noted, the results of the review may be extrapolated beyond the review cases to include all costs claimed for relative placement.

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For specific details regarding fiscal sanctions, please refer to County Fiscal Letter 02/03-50.

I thank you in advance for your cooperation. If you have any questions regarding this notice, please contact Ellie Jones, Bureau Chief, Children's Services Operations Bureau at (916) 323-1672.

Sincerely,

Original Signed by Sylvia Pizzini

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Enclosures

Relative Assessment Review Process County Point of Contact

County: _____

Name of Contact: _____

Title: _____

Date: _____

E-Mail Address: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Please return this form via Fax by XXXXXX XX, 2003 to:

Ellie Jones, Chief
Children's Services Operations Bureau
(916) 323-1672 (Telephone)
(916) 445-2836 (Fax)

Child's Name: _____ Case Number: _____
 Child's SSN: _____ DOB: _____

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Approval of Family Caregiver Home

Pursuant to the provisions of WIC Section 319 I certify that I assessed

 Name

 Address

the ☐ maternal ☐ paternal ☐ NREFM _____
 Relationship to child
 of _____; and
 Child's Name SS# DOB

the ☐ maternal ☐ paternal ☐ NREFM _____
 Relationship to child
 of _____; and
 Child's Name SS# DOB

the ☐ maternal ☐ paternal ☐ NREFM _____
 Relationship to child
 of _____; and
 Child's Name SS# DOB

1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults living in the home or on the premises, and other non-exempt person(s) who have routine contact with the child.

- ☐ ALL ADULTS CLEARED
☐ NOT CLEARED

2. CAREGIVER QUALIFICATIONS

- ☐ The above named prospective caregiver has been assessed as able to care for and supervise the above named child(ren) and provide for the child's special needs; Caregiver Assessment completed and attached.
☐ CAREGIVER NOT QUALIFIED.

3. SAFETY OF THE HOME AND GROUNDS

- ☐ An on-site inspection of the home's building and grounds was conducted on _____ by _____
 (Date)
 and the home is clean, safe, sanitary and in good repair for the safety and well-being of the child(ren), meeting required licensing/approval standards set forth in MPP 31-445.3, Checklist of Health and Safety Standards completed and attached.
☐ HOME DOES NOT MEET APPROVAL STANDARDS.

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

4. CHILD'S PERSONAL RIGHTS

☐ Information regarding the personal rights of foster children has been provided to the prospective caregiver who has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his or her home.

5. COMPLETION OF ORIENTATION/TRAINING

☐ The caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

☐ I certify that the above named caregiver meets the standards for relative or non-relative extended family member home approval as of _____.
Date

☐ I certify that as of _____ the above named caregiver meets the standards for relative or non-relative extended family member home approval pending completion of the Plan of Correction.

☐ Plan of Correction completed on _____.
Date

☐ Plan of Correction not completed by agreed to due date.

☐ I certify that the above named caregiver DOES NOT meet the standards for relative or non-relative extended family member home approval as of _____.
Date

Assessment Approval Worker's Signature

Date

Supervisor's Signature

Date

Child's Name: _____ Case Number: _____
 Child's SSN: _____ DOB: _____

CRIMINAL BACKGROUND CHECKS

	CLETS	CWS/CMS Search	Live Scan Appointment Made for	LIVE SCAN	DOJ CACI	FBI Requested	FBI Received	Exemption Requested	Exemption Granted	Exemption Denied	DOJ RAP-Backs Requested
Caregiver:	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
Other Adults											

Child's Name: _____ Case Number: _____
 Child's SSN: _____ DOB: _____

Checklist of Standards for Approval of Family Caregiver Home

Pursuant to Division 31 MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP
89317	APPLICANT QUALIFICATIONS				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PLAN				
89361	REPORTING REQUIREMENTS				
89370	CHILDREN'S RECORDS				
89372	PERSONAL RIGHTS				
89373	TELEPHONES				
89374	TRANSPORTATION				
89376	FOOD SERVICE				
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379	ACTIVITIES				
89387	BUILDINGS AND GROUNDS				
89387.1	OUTDOOR ACTIVITY SPACE				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

CAP: CORRECTIVE ACTION PLAN MADE

Child's Name: _____

Case Number: _____

Child's SSN: _____

DOB: _____

STATE OF CALIFORNIA -- HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICE

Checklist of Health and Safety Standards for Approval of Family Caregiver Home

Pursuant to Division 31 MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

STANDARDS PERMITTING ALTERNATIVE PLANS	Yes	No	N/A	*Altern
<i>The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.</i>				
1. Adequate bedroom space is provided: [§89387(a)]				
(a) No more than 2 children share a bedroom.				
(b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.				
(c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.				
(d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.				
(e) The child does not share a bedroom with an adult unless the child is an infant.				
(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.				
(g) Infant has age-appropriate, safe/sturdy bassinet or crib.				
(h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.				
(i) Easy passage is allowed between beds and room entrance.				
2. The home has telephone service (may be waived if telephone access is available). [§89373]				

STANDARDS NOT PERMITTING ALTERNATIVE PLANS	Yes	No	N/A	»CAP
<i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>				
3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]			#	
4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards [89387(c)]			#	
5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]			#	
6. Bunk beds of more than two tiers must not be used. [§89387(j)]				
a. Upper tier has bed rails. [§89387(j)]				

Child's Name: _____ Case Number: _____
 Child's SSN: _____ DOB: _____

b. Children under five years of age or those who are unable to climb into or out of the upper tier unassisted shall not be permitted to use the upper tier. [§89387(j)]				
7. Home is maintained at comfortable temperature at all times. [§89387(k)]			#	
8. Child's safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]				
9. Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]			#	
10. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room. [§89387(p)]			#	
11. Hot water from faucets is delivered at a safe temperature. [§89387(n)]			#	
12. Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]			#	
13. Storage areas of firearms and other dangerous weapons are locked or in lieu of locked storage the applicant is utilizing trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms. [§89387.2]				
14. Solid waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or of odors, create a nuisance, or provide a breeding place or food source for insects or rodents. [§89387(o)]			#	
15. Each sleeping room has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if equipped with safety release devices. [§89387(q)]				
16. Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1)]			#	

- * Alternative: Documented Alternative Plan must be attached.
- » Correctable Deficiencies: Corrective Action Plan must be attached.

I certify that the above-named caregiver's home meets the standards for approval as described in this form.

 Signature (County CWS or Probation Worker)

 Date

DEFICIENCIES AND PLANS OF CORRECTION

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to a child placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. **Immediate Impact.** Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster child. If placement is imminent, correction **MUST BE MADE** prior to placement of the child.
2. **Potential Impact:** Deficiencies that without correction could become a risk to the health, safety or personal rights of the child.

Examples of Immediate Impact Deficiencies:

For initial approval:

1. Health Related: unlocked poisons, inappropriate storage of medications.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no fence or approved cover for bodies of water; broken stair or stair railings; poisons, toxic substances, firearms in areas accessible to children; unlit stairwells used by children.
4. Fixtures, Furniture, Equipment and Supplies: toilet not in working condition, garbage accessible to children, unsafe fireplace or heaters that are in use, unsafe water temperature, condition of bedding or towels is unsanitary, furniture is broken and could cause injury if used.
5. Criminal record Clearance and Child Abuse Index Check: failure to obtain a CLETS clearance and submit a fingerprint or Criminal Record Clearance and Child Abuse Index Check for those individuals whom have frequent and routine contact with the child(ren) in care.

For re-assessment, all of the above, and:

1. Personal Rights: abuse, neglect, inappropriate use of restraints, the use of corporal punishment, and similar violations having a direct negative impact on either the physical or emotional well-being of children in care.
2. Health Related Services: storing mislabeled, unlabeled, outdated or discontinued medications; failure to ensure that needed medical care is provided to those in care.
3. Food Service: failure to maintain enough food to meet the needs of the children for the next 24 hours.
4. Care and Supervision: child requires a level of care that cannot be met by the caregiver without the provision of additional supports or services.
5. Supplies: failure to maintain enough basic hygiene items to meet the needs of the child(ren).

Examples of Potential Impact Deficiencies:

For initial approval:

1. Food Service: failure to clean dishes and utensils.
2. Buildings and Grounds: conditions that may have a negative impact on children in care if not corrected, such as multiple conditions that indicate an overall deterioration of the home; widespread neglect of maintenance; unsanitary living and food preparation areas.
3. Furniture, Fixtures, Equipment and Supplies: furnishings should be considered as deficient only when they are clearly damaged to the extent they are not functional, (e.g., a tear in the seat of a chair vs. exposed springs); no operable sink or shower; inadequate linens.

For re-assessment, all of the above, and:

1. Reporting Requirements: Failure to notify the Department regarding incidents of abuse, neglect, death, injury, etc. as required by §89361.
2. Record Keeping: Failure to maintain children's records as required by §89370.

Plan of Correction

When a child welfare worker has determined that a deficiency exists, the proposed caregiver and the worker will discuss each deficiency and develop a plan for correcting each deficiency. If the deficiency is not corrected during the visit, then the plan of correction must be in writing, with a copy provided to the caregiver, and shall include at least the following information:

1. Citation of the regulation section that is violated.
2. Description of the nature of the deficiency.
3. The actions to be taken by the applicant and the assistance to be provided by the County.
4. The date by which each deficiency shall be corrected.
5. The phone number of the county office responsible for approval of the home.

WHEN THERE ARE CHILDREN IN THE HOME, THE WORKER MUST REQUIRE IMMEDIATE CORRECTION OF A DEFICIENCY IF THE DEFICIENCY WOULD POSE AN IMMEDIATE THREAT TO THE HEALTH AND SAFETY OF CHILDREN. UNDER THESE SAME CIRCUMSTANCES, IF THERE ARE NO CHILDREN IN CARE, AND PLACEMENT IS IMMINENT, CORRECTION SHOULD BE WITHIN 24 HOURS OR LESS, AND BEFORE PLACEMENT IS MADE. OTHERWISE, THE DATE FOR CORRECTING A DEFICIENCY SHALL NOT BE MORE THAN 30 CALENDAR DAYS FOLLOWING THE DATE OF THE VISIT, UNLESS THE WORKER DETERMINES THAT THE DEFICIENCY CANNOT BE CORRECTED IN 30 CALENDAR DAYS. IN THIS CASE, THE WORKER MUST DETERMINE AN APPROPRIATE COMPLETION DATE. *TITLE IV-E IS NOT AVAILABLE UNTIL THE MONTH IN WHICH THE CORRECTIONS ARE COMPLETED AND THE HOME FULLY MEETS THE STANDARDS.*

THE CORRECTIVE ACTION PLAN SHALL SPECIFY CORRECTIVE ACTIONS WHICH MUST BE TAKEN WITHIN 30 DAYS AND THE DATE ON WHICH THE CORRECTIONS WILL BE COMPLETED.

In determining the date for correcting a deficiency, the worker should consider the following:

1. Whether there are children in care.
2. The potential hazard presented by the deficiency.
3. The availability of equipment or personnel necessary to correct the deficiency.
4. The estimated time necessary for delivery and installation of any necessary equipment.

If a written plan of correction is used, the worker is responsible for ensuring corrections have been completed within the required timeframes.

Child's Name: _____ Case Number: _____
 Child's SSN: _____ DOB: _____

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Relative or Non-Relative Extended Family Member Caregiver Assessment

If any statements below are answered No, the caregiver cannot be approved. The worker should assess whether the provision of reasonable assistance or additional services to the caregiver would enable the caregiver to properly respond to the child(ren)'s needs and the child(ren)'s health and safety. If the worker later reassesses the caregiver and determines that conditions supporting the No answer have changed sufficiently to answer Yes, approval may be given at that time.

Responses to the following statements have been assessed by the undersigned.

1. The caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet these requirements for the care and supervision appropriate to the type of child(ren) to be served. [89317]

☐ Yes ☐ No

Comments: _____

2. The caregiver is aware of the child(ren)'s immediate medical, psychological, and educational needs and is able to respond to those needs. [89378]

☐ Yes ☐ No

Comments: _____

3. The caregiver understands State child abuse and neglect laws and agrees to report any circumstances indicating the child(ren) has been abused or neglected [§89361].

☐ Yes ☐ No

Comments: _____

4. The caregiver can provide the children opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities [89379(a)].

☐ Yes ☐ No

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

Comments: _____

5. The caregiver is able to care for the child(ren) in a healthy and safe way [§89378].
☐ Yes ☐ No

Comments: _____

6. The caregiver will ensure that only positive discipline practices which promote the health and well being of the child(ren) are used in the home, and will not use nor allow any form of discipline that violates the child's personal rights [§89372].
☐ Yes ☐ No

Comments: _____

7. The caregiver understands and agrees to maintain the child's records, including the placement agreement, health and educational records and written consent for medical/dental treatment [§89370].
☐ Yes ☐ No

Comments: _____

8. The caregiver agrees to report all changes in household composition, or change in the residence or mailing address, or absence of the caregiver from the home of more than 48 hours [§89370].
☐ Yes ☐ No

Comments: _____

9. The caregiver agrees to post emergency telephone numbers, discuss emergency situations with children and practice emergency procedures every 6 months [§89323].
☐ Yes ☐ No

Comments: _____

10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child [§89361].

☐ Yes ☐ No

Comments: _____

11. The caregiver has been provided with a copy of the child's personal rights and understands them and agrees to ensure that all members of the household will abide by them [§89372].

☐ Yes ☐ No

Comments: _____

12. The caregiver agrees to ensure direct care and supervision is provided to meet the child's needs during participation in those activities that are sponsored by third parties [§89379(b)].

☐ Yes ☐ No

Comments: _____

13. The caregiver will provide at least three nutritious meals daily to meet the child's dietary needs. [§89376].

☐ Yes ☐ No

Comments: _____

14. The caregiver will ensure all transportation for children is provided in vehicles in safe operating condition, by a driver complying with all applicable laws [§89374].

☐ Yes ☐ No

Comments: _____

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

Assessment Summary:

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to meet the child's/children's needs.

☐ Yes ☐ No

Signature of County CWS or Probation Worker

Phone Number

Date

RELATIVE or NREFM CAREGIVER DECLARATION AND AGREEMENT

I/We declare that:

1. I/We have been provided with a summary of the state regulations regarding the approval and operation of a relative foster home and agree to abide by them. _____ (Caregiver Initial)
2. I/We agree to cooperate with the county in the maintenance of caregiver standards. _____ (Caregiver Initial)
3. I/We have been provided with a copy of the child's personal rights and understand them and agree to ensure that all members of the household will abide by them. _____ (Caregiver Initial)
4. I/We agree to provide for the special needs of any child placed in our care, including but not limited to:
 - To provide the services identified in the child's Needs and Services Plan and, if applicable, Transitional Independent Living Plan (§89378(b) and §89387.2) _____ (Caregiver Initial)
 - If the child is a minor parent, to provide direct care and supervision of the child of the minor parent whenever the minor parent is at school or otherwise unavailable/unable to care for the child (§89378) _____ (Caregiver Initial)
 - If the child has a disability, to make necessary specific provisions as required to protect and assist the child and maximize the child's potential for self-help (§89387). _____ (Caregiver Initial)
 - If the child is under age 10 or is developmentally disabled, mentally handicapped, or needs special care and supervision, any pools or open body of water will be secured as required by §89387(d). _____ (Caregiver Initial)

I/We have not and will not make any false or misleading statements associated with application for approval, including information regarding the caregiver, family members, family home, or any of the services to be provided in the home

Caregiver Signature

Date

Caregiver Name (Print)

Caregiver Signature

Date

Caregiver Name (Print)

CSOB REVIEW INSTRUMENT OUT OF HOME
RELATIVE PLACEMENT SERVICES CASE
(DRAFT REVISED 06-18-03)

Relative Assessment #::

Review Month:

1. Child's First Name:

1a. Child's Last Name:

2. DOB:

3. County:

4. Child's Client ID #:

5. Social Worker Name:

6. Aide Code:

0

7. Case Identified as:

8. Child Placed Out of State:

PLACEMENT INFORMATION

CDSS ON-LINE REVIEW STAFF TO COMPLETE ALL INFORMATION BELOW:

9. Do Not complete the rest of this form if the placement is:

9a. Case or Placement:

10. Primary Caregiver First Name:

10a. Primary Caregiver Last Name:

11. Relationship to Child (Maternal/Paternal/NREFM):

(from SOC 815, page 1)

11a. Primary Caregiver Relationship:

12. Current Placement Date w/Primary Caregiver:

13. Primary Caregiver Street #:

Street Name:

City Name:

Zip Code:

0

14. ☐ Initial

OR

15. ☐ Annual

14a. Initial Approval Date:

(SOC 815, page 2)

15a. Current Assessment/Approval Date:

(SOC 815, page 2)

15b. Prior Assessment/Approval Date:

SOC INFORMATION

16.

SOC 815

On-Line:

Required On-Line:

Complete:

☐ Yes

☐ No

SOC 817

On-Line:

Required On-Line:

Complete:

☐ Yes

☐ No

SOC 818

On-Line:

Required On-Line:

Complete:

☐ Yes

☐ No

I. Assessment/Approval Timeliness

(REQUIRES QUESTION 15a And 15b TO BE COMPLETED FOR A "YES" RESPONSE)

CDSS TO COMPLETE

☐

There is documentation that the assessment/approvals were obtained and completed in a timely manner and the appropriate forms considered complete.

☐ 1. Current Assessment/Approval Completed Timely

II. Criminal Record Clearance

(REQUIRES SOC 815 FORM TO BE COMPLETE FOR "YES" RESPONSE)

CDSS TO COMPLETE

☐

There is documentation that criminal background and child abuse records of the caregiver and all adults living in the home or having routine contact with the child have been checked and all required clearances and exemptions obtained and the appropriate forms considered complete.

☐ 1. All Adults Are Cleared (from SOC 815, page 1)

Information
Only

☐

2. Criminal Record Exemption Granted

(From SOC 815, page 3)

☐

3. Home Is Approved With DAP Or CAP

(Complete the Standard section below)

III. Caregiver Qualifications

(REQUIRES BOTH SOC 815 AND SOC 818 TO BE COMPLETED FOR "YES" RESPONSE)

CDSS TO COMPLETE

☐

There is documentation that the above named caregiver has been assessed as able to provide care and supervision to the above named child and provide for the child's needs and the appropriate forms considered complete.

☐ 1. Caregiver Assessed to Provide For Child's Special Needs (SOC 815, page 1)

☐

2. Caregiver Assessment Completed

(from SOC 818)

☐ 3. Relative/ NREFM Caregiver Declaration and Agreement Completed (SOC 818, page 5)

IV. Safety Of The Home And Grounds

(REQUIRES BOTH SOC 815 AND SOC 817 TO BE COMPLETED FOR "YES" RESPONSE)

CDSS TO COMPLETE

☐

There is documentation indicating that an on-site inspection of the home's building and grounds was conducted and the home is clean, safe, sanitary and in good repair for the safety and well-being of the child, meeting required health and safety standards and the appropriate forms considered complete.

☐ 1. Home Meets Approval Standards (from SOC 815, page 1)

☐

2. Standard Check List Complete

(from SOC 817)

V. Child's Personal Rights
 CDSS TO COMPLETE ☐

(REQUIRES BOTH SOC 815 AND SOC 818 TO BE COMPLETED FOR "YES" RESPONSE)

There is documentation that indicates that information regarding the personal rights of foster children has been provided to the prospective caregiver and that the caregiver has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his/her home and the appropriate forms considered complete.

☐ 1. Personal Rights Provided And Caregiver Will Provide To Child (from SOC 815 page 2, item 4)

☐ 2. Personal Rights Provided And Caregiver Will Abide By Them (SOC 818 page 3, item 11)

VI. Training/Orientation
 CDSS TO COMPLETE ☐

(REQUIRES SOC 815 TO BE COMPLETED FOR "YES" RESPONSE)

There is documentation that indicates that the caregiver has received a summary of State approval regulations and completed the orientation provided by the county and the appropriate forms considered complete.

☐ 1. Caregiver Received Regulations And Completed Orientation (from SOC 815, page 2, item 5)

Complete Standards Only If II.3. Is Marked

SECTION	STANDARD		DAP	CAP
89317	Applicant Qualifications			<input type="radio"/>
89319	Criminal Record Clearance Requirement			<input type="radio"/>
89323	Emergency Plan			<input type="radio"/>
89361	Reporting Requirements			<input type="radio"/>
89370	Children's Records			<input type="radio"/>
89372	Personal Rights			<input type="radio"/>
89373	Telephones		<input type="radio"/>	<input type="radio"/>
89374	Transportation			<input type="radio"/>
89376	Food Service			<input type="radio"/>
89378	Responsibility For Providing Care And Supervision			<input type="radio"/>
89379	Activities			<input type="radio"/>
89387	Buildings And Grounds		<input type="radio"/>	<input type="radio"/>
89387.1	Outdoor Activity Space			<input type="radio"/>
89387.2	Storage Space			<input type="radio"/>
89388	Cooperation And Compliance			<input type="radio"/>

CDSS OBSERVATIONS:

COUNTY REVIEW INSTRUMENT RELATIVE PLACEMENT SERVICES CASE (DRAFT
REVISED 05-20-03)

Relative Assessment #::



Review Month::

1. Child's First Name: 1a. Child's Last Name: 2. DOB:
3. County: 4. Child's Client ID #: 5. Social Worker Name:
6. Adoption: 6a. Date of Adoption: 7. Case Identified as: 8. ICWA:
9. Aide Code: 11. State Child Placed:

PLACEMENT INFORMATION

12. Do NOT complete the rest of the form if the placement is: (select one)

Not A Relative
Not A Non-Relative extended family member (NREFM)
Is licensed
Is non-Federally eligible guardian
Is FFA Certified
Other (Please Explain in CDSS Observations)

13. Current Placement Date w/Primary Caregiver:
14. Primary Caregiver First Name: 14a. Primary Caregiver Last Name:
15. Relationship to Child: 15a. Primary Caregiver Relationship:
16. Primary Caregiver Home #: 16a. Street Name: 16b. City Name: 16c. Zip Code:

17. ☐ Initial

OR

18. ☐ Annual

17a. Initial Approval Date:

18a. Prior Assessment /Approval Date:

18b. Current Assessment/ Approval Date:

I. Timeliness

(Does Not Apply For The Initial Assessment/Approval.)

If Not Checked Please Provide Completed SOC 815 Or Other Supportive Documentation For The Following:

☐ 1. Current Assessment Approval Completed Timely

II. Criminal Record And Background Check

If Not Checked Please Provide Provide Completed SOC 815 Or Other Supportive Documentation For The Following:

☐ 1. All Adults Are Cleared

☐ 2. Criminal Record Exemption Grant

☐ 3. Home Is Approved With DAP Or CAP

III. Caregiver Qualifications

If Not Checked Provide Completed SOC 815, SOC 818 Or Other Supportive Documentation For The Following:

☐ 1. Caregiver Assessed to Provide For Childs Special Needs

☐ 3. Relative/ NREFM Caregiver Declaration and Agreement Completed

☐ 2. Caregiver Assessment Completed

IV. Safety Of The Home And Grounds

If Not Checked Please Provide Completed SOC 815, SOC 817 Or Other Supportive Documentation For The Following:

☐ 1. Home Meets Approval Standards

☐ 2. Standard Check List Complete

V. Child's Personal Rights

If Not Checked Please Provide Completed SOC 815, SOC 818 Or Other Supportive Documentation For The Following:

☐ 1. Personal Rights Provided And Caregiver Will Provide To Child

☐ 2. Personal Rights Provided And Caregiver Will Abide By Them

VI. Training/Orientation

If Not Checked Please Provide Completed SOC 815 Or Other Supportive Documentation For The Following:

☐ 1. Caregiver Received Regulations And Completed Orientation

CDSS OBSERVATIONS:

Date response due from County _____

Rebuttal Log for _____ County

* Please verify the aid code for each rebuttal case. If you find that the code is not correct, please make the necessary correction on CWS/CMS and document the corrected aid code next to the code listed on this form

1	2	3	4	5	6				7		8
Relative Assessment Number	* Aid Code	Initial or Annual	Form Number <i>Each form needing rebuttal is listed separately</i>	Documentation need	County Response <i>To be completed by county. Please indicate response to rebuttal with an X in the appropriate column</i>				Rebuttal Results <i>CSOB completes</i>		Comments <i>CSOB completes.</i>
					Document On-line	Hard Copy Document Attached	Not Rebutted	Should not be included in review	Accept	Reject	

[illegible]

* Please verify the aid code for each rebuttal case. If you find that the code is not correct, please make the necessary correction on CWS/CMS and document the corrected aid code next to the code listed on this form